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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐

Declaration  
Submitted  
With Initial  
Filing

OR

☐

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 400.0007.U1(US)

First Named Inventor Michael L. Wilson

## COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and System for Switching and Detecting PN Codes for Fast Acquisition of Burst Signal

(Title of the Invention)

the specification of which

☒

is attached hereto

OR

☐

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or D sign Patent Application

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Name								
Address								
City		34070 PATENT TRADEMARK OFFICE			State		ZIP	
Country		Telephone			Fax			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>								
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)) Michael L.				Family Name or Surname Wilson				
Inventor's Signature <i>Michael L. Wilson</i>				Date 9/10/03				
Residence: City West Valley City		State Utah		Country USA		Citizenship USA		
Mailing Address 4635 S. 2930 W. #138								
City West Valley City		State Utah		ZIP 84119		Country		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)) Randal R.				Family Name or Surname Sylvester				
Inventor's Signature <i>Randal R. Sylvester</i>				Date 9/10/03				
Residence: City West Valley City		State Utah		Country USA		Citizenship USA		
Mailing Address 3948 South Contadora Circle								
City West Valley City		State Utah		ZIP 84128		Country USA		
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Pag 1 of 1**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven  
Name  
Patricia F.Family Name  
or Surname  
BatzerInventor's  
Signature*Patricia F. Batzer*

Date

9/10/03

Residence: City  
North Salt Lake CityState  
UtahCountry  
USACitizenship  
USAMailing Address  
691 Raygene Way

Mailing Address

City  
North Salt Lake CityState  
UtahZIP  
84054Country  
USA**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven  
NameFamily Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventorGiven  
NameFamily Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	MICHAEL L. WILSON
Title	METHOD AND SYSTEM FOR SEARCHING
Art Unit	
Examiner Name	
Attorney Docket Number	400.0007.01 (US)

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Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	MICHAEL L. WILSON		
Signature	Michael L. Wilson		
Date	9/10/03	Telephone	801-594-7663

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

MICHAEL L. WILSON

METHOD AND SYSTEM FOR SWITCH...

400.0007.01 (US)

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OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

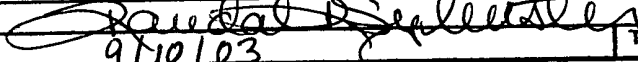
SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

RANDAL R SYLVESTER



9/10/03

Telephone

801 964 6303

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	MICHAEL L. WILSON
Title	METHOD AND SYSTEM FOR Switch...
Art Unit	
Examiner Name	
Attorney Docket Number	400.0007.01 (US)

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Address				
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Country				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	PATRICIA F. BATZER		
Signature	<i>Patricia F. Batzer</i>		
Date	9/10/03	Telephone	801-594-2339

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☒ \*Total of 3 forms are submitted.

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